

CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS

Name of Candidate GARY JACKSON  
Address 403 S. Depot Ave Kilmichael County Montgomery  
Telephone (Work) 601-359-3221 (Home) 662-262-9273 (Fax) \_\_\_\_\_  
Contact Name Same Email Address \_\_\_\_\_  
Office Sought SENATE 15 Political Party Rep

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- \_\_\_ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008)..... Mandatory  
\_\_\_ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008)..... Runoff Candidates  
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008)..... Mandatory  
\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>14,700.00 + \$ 3400.00</u>	<u>\$ 19,100.00</u>	<u>\$ 19,100.00</u>
Total amount of disbursements \$	<u>13531.81 + \$ 1594.30</u>	<u>\$ 15,126.11</u>	<u>\$ 15,126.11</u>
Total amount of cash on hand \$		<u>7976.16</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Gary Jackson  
(Signature of Candidate)

1/30/09  
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED  
FEB 02 2009

Secretary of State  
Capitol Office

Name of Candidate or Committee GARY JACKSON  
 Reporting period 1/1/08 through 12/31/08

Page \_\_\_\_\_ of \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT+T Mississippi</u>		<u>12/12/08</u>	\$ <u>200.00</u>
Mailing Address <u>175 E. CAPITAL ST. RM 703</u>		<u>1/1/08</u>	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u>1/1/08</u>	\$
Name of Employer (Required) <u>Same</u>		<u>1/1/08</u>	\$
Occupation (Required) <u>PAC</u>		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Assoc For Home Care</u>		<u>12/12/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1468</u>		<u>1/1/08</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>		<u>1/1/08</u>	\$
Name of Employer (Required) <u>Same</u>		<u>1/1/08</u>	\$
Occupation (Required) <u>Health Care</u>		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GLAXO Smith Kline</u>		<u>12/29/08</u>	\$ <u>500.00</u>
Mailing Address <u>513 Cherrywood Pt</u>		<u>1/1/08</u>	\$
City, State, Zip Code <u>Franklin, TN 37064</u>		<u>1/1/08</u>	\$
Name of Employer (Required) <u>Same</u>		<u>1/1/08</u>	\$
Occupation (Required) <u>Drug/Pharm</u>		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHECK INTO CASH</u>		<u>9/25/08</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. Box 550</u>		<u>1/1/08</u>	\$
City, State, Zip Code <u>Cleveland, TN</u>		<u>1/1/08</u>	\$
Name of Employer (Required) <u>Same</u>		<u>1/1/08</u>	\$
Occupation (Required) <u>FINANCIAL</u>		Aggregate year-to-date	\$



Name of Candidate or Committee GARY JACKSON  
 Reporting period 1/1/08 through 12/31/08

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PFIZER</u>	<u>10/20/08</u>	\$ <u>500.00</u>
Mailing Address _____	<u>1/1/</u>	\$ _____
City, State, Zip Code <u>New York, NY 10017</u>	<u>1/1/</u>	\$ _____
Name of Employer (Required) <u>SAME</u>	<u>1/1/</u>	\$ _____
Occupation (Required) <u>Pharmaceuticals</u>	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MD EYE PAC</u>	<u>10/20/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 217</u>	<u>1/1/</u>	\$ _____
City, State, Zip Code <u>JACK MS 39205</u>	<u>1/1/</u>	\$ _____
Name of Employer (Required) <u>SAME</u>	<u>1/1/</u>	\$ _____
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WAL PAC</u>	<u>10/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>702 SW 8th ST.</u>	<u>1/1/</u>	\$ _____
City, State, Zip Code <u>Bensonville, AR 72716</u>	<u>1/1/</u>	\$ _____
Name of Employer (Required) <u>SAME</u>	<u>1/1/</u>	\$ _____
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Advocacy Group</u>	<u>10/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 217</u>	<u>1/1/</u>	\$ _____
City, State, Zip Code <u>Jackson MS 39205</u>	<u>1/1/</u>	\$ _____
Name of Employer (Required) <u>SAME</u>	<u>1/1/</u>	\$ _____
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ _____

Name of Candidate or Committee GARY JACKSON  
 Reporting period 1/1/08 through 12/31/08

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PONTROCK TITLE LOANS</u>	<u>7/23/08</u>	\$ <u>300.00</u>
Mailing Address <u>291 B W. OXFORD ST.</u>	<u>1/1/08</u>	\$
City, State, Zip Code <u>PONTROCK, MS 38863</u>	<u>1/1/08</u>	\$
Name of Employer (Required) <u>Same</u>	<u>1/1/08</u>	\$
Occupation (Required) <u>FIN SERVICES</u>	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LUKE MONTGOMERY</u>	<u>7/21/08</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 37</u>	<u>1/1/08</u>	\$
City, State, Zip Code <u>FULTON, MS 38843</u>	<u>1/1/08</u>	\$
Name of Employer (Required) <u>SELF</u>	<u>1/1/08</u>	\$
Occupation (Required) <u>FIN SERVICES</u>	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tithe Cash of Laurel, Inc</u>	<u>1/1/08</u>	\$
Mailing Address <u>1604 W. 10th ST</u>	<u>1/1/08</u>	\$
City, State, Zip Code <u>LAUREL, MS 39440</u>	<u>1/1/08</u>	\$
Name of Employer (Required) <u>Same</u>	<u>1/1/08</u>	\$
Occupation (Required) <u>FIN SERVICES</u>	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS DENTAL PAC</u>	<u>7/13/08</u>	\$ <u>400.00</u>
Mailing Address	<u>1/1/08</u>	\$
City, State, Zip Code <u>Jackson, MS</u>	<u>1/1/08</u>	\$
Name of Employer (Required) <u>DENTAL PAC</u>	<u>1/1/08</u>	\$
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$



Name of Candidate or Committee

GARY JACKSON

Reporting period

1/1/08

through

12/31/08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name JERRY STOGNER		5/14/08	\$ 2000.00
Mailing Address P.O. Box 1683		7/12/08	\$ 500.00
City, State, Zip Code McComb, MS		8/12/08	\$ 500.00
Name of Employer (Required) SELF		1/1/	\$
Occupation (Required) FINANCIAL SERVICES		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name LUKE MONTGOMERY		5/29/08	\$ 500.00
Mailing Address P.O. Box 37		7/12/08	\$ 1000.00
City, State, Zip Code FULTON, MS		1/1/	\$
Name of Employer (Required) SELF		1/1/	\$
Occupation (Required) FINANCIAL SERVICES		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name ALL AMERICAN		5/29/08	\$ 500.00
Mailing Address P.O. Box 1350		1/1/	\$
City, State, Zip Code Ridgeland MS		1/1/	\$
Name of Employer (Required) SAME SAME		1/1/	\$
Occupation (Required) FINANCIAL SERVICES		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name PERRY'S TITLE LOAN, INC		7/17/08	\$ 250.00
Mailing Address 802 Holland Ave		1/1/	\$
City, State, Zip Code Ph. Ladelphin MS 39350		1/1/	\$
Name of Employer (Required) SAME		1/1/	\$
Occupation (Required) FIN. SERVICES		Aggregate year-to-date	\$

Name of Candidate or Committee

GARY JACKSON

Reporting period

1/1/08

through

12/31/08

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Parola Title Loans, Inc</u>		<u>7/22/08</u>	\$ <u>300.00</u>
Mailing Address <u>347 B Hwy 6 W.</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Batesville, MS 38606</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required) <u>SAME</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required) <u>FIN. SERVICES</u>		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>1ST CASH TITLE LOANS, LLC</u>		<u>7/18/08</u>	\$ <u>250.00</u>
Mailing Address <u>110 CANAL PLACE</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Philadelphia, MS 39350</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required) <u>SAME</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required) <u>FIN. SERVICES</u>		Aggregate year-to-date	\$ <u>25</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MTPA PAC</u>		<u>7/23/08</u>	\$ <u>1000.00</u>
Mailing Address <u>345 Hwy 6 W.</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Batesville, MS 38606</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required) <u>PAC</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required) <u>PAC</u>		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dewees Title Loan LLC</u>		<u>7/17/08</u>	\$ <u>1000.00</u>
Mailing Address <u>208 B Hwy 12 W</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Starkville MS 39759</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required) <u>SAME</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required) <u>FIN. SERVICES</u>		Aggregate year-to-date	\$



Name of Candidate or Committee Gary Jackson  
 Reporting period 1/1/08 through 12/31/08

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>G. C. Holdings Inc</u>		<u>9/26/08</u>	\$ <u>500.00</u>
Mailing Address <u>9401 Indian Creek Pkwy</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Overland Park, KS</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Same</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>FINANCIAL</u>		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>10/25/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>135 N. Church St</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>SPARTANBURG, SC</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Same</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>FINANCIAL</u>		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

GARY JACKSON

Reporting period

1/1/08

through

12/31/08

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WFCA/French Camp Academy</u>	<u>2008</u>	\$ <u>416.00</u>
Mailing Address		
<u>1 Pine Place</u>	<u>TOTAL</u>	\$
City, State, Zip Code		
<u>French Camp, MS 39747</u>	<u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>416.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Starkville Rotary Club</u>	<u>2008</u>	\$ <u>1041.00</u>
Mailing Address		
<u>Ch Starkville Country Club</u>	<u>TOTAL</u>	\$
City, State, Zip Code		
<u>Starkville, MS 39759</u>	<u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1041.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bancorp South</u>	<u>2008</u>	\$ <u>8926.56</u>
Mailing Address		
<u>Main St</u>	<u>TOTAL</u>	\$
City, State, Zip Code		
<u>Louisville, MS</u>	<u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>8926.56</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>AT&amp;T</u>	<u>2008</u>	\$ <u>2374.53</u>
Mailing Address		
<u>Phone Service - Cellular</u>	<u>TOTAL</u>	\$
City, State, Zip Code		
<u>1</u> <u>1</u>	<u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2374.53</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u><del>GARY JACKSON</del> Kilnichael Lions Club</u>	<u>12/24/08</u>	\$ <u>336.00</u>
Mailing Address		
<u>Main St</u>	<u>12/24/08</u>	\$ <u>289.00</u>
City, State, Zip Code		
<u>Jackson, MS/Kilnichael, MS</u>	<u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>336.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>GARY JACKSON</u>	<u>5/30/08</u>	\$ <u>437.72</u>
Mailing Address		
<u>403 S. Depot Ave</u>	<u>1</u> <u>1</u>	\$
City, State, Zip Code		
<u>Kilnichael MS 39747</u>	<u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>437.72</u>
<u>Mileage Reimb - Trip</u>		